

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

ALBERT TOROK, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in the Town of Munster, Lake County, Indiana; that he was formerly married to one WANDA TOROK for many years and lived continuously with her as her husband until her death.

2. That Affiant and his said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

Lot 1, Block 1, Lawrence Monaldi's Third Addition to Munter, Lake County, Indiana as shown in PB 30 page 23, in Lake County, Indiana

Commonly known as: 8104 Kooy Drive  
Munster, Indiana

Key No: 18-28-0136-0001

3. That Affiant further says that they continued to be such owners of the title to said real estate until the death of his spouse on the 17th day of September, 2006, in Lake County.

4. That the value of his spouse's estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Affiant, by reason of his wife's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, Wanda Torok, from the tax rolls on said real estate.

Further you Affiant sayeth not.

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

*Albert Torok*  
ALBERT TOROK

Subscribed and sworn to before me a Notary Public in and for County and State this 26<sup>TH</sup> day of December 2006.

My Commission Expires: 4/6/2007

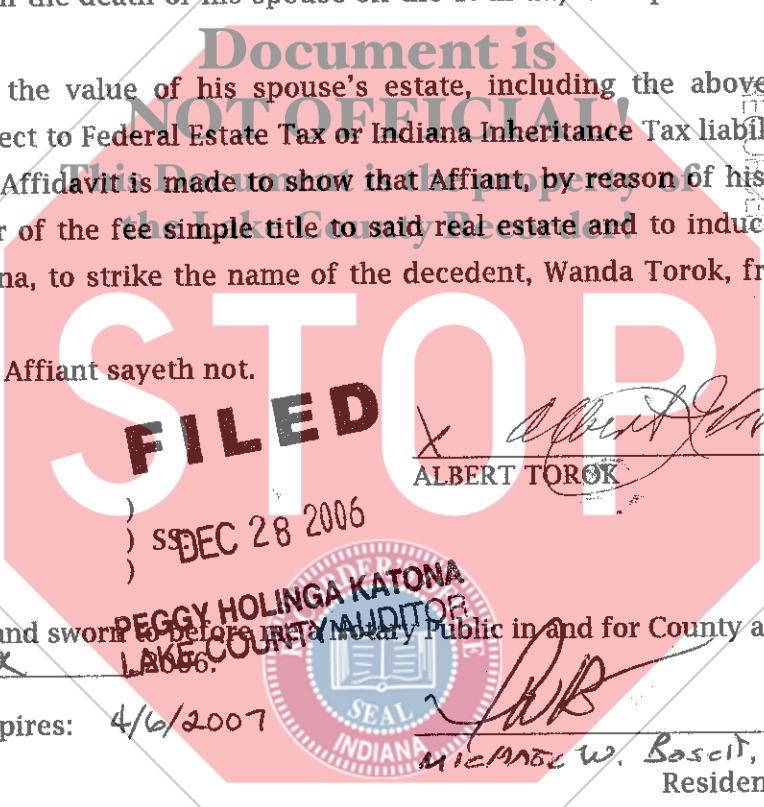


*Michael W. Bosch*  
MICHAEL W. BOSCH, NOTARY, PUBLIC  
Resident of Lake County

This Instrument Prepared by:  
Michael W. Bosch  
Indiana Atty. No: 2852-45  
**BOSCH & BANASIAK**  
7150 Indianapolis Blvd.  
Hammond, IN 46324  
(219) 844-3020  
FAX: (219) 844-3023

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: *[Signature]*

cb# 12012  
14-  
133



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2006 DEC 29 11:49:17

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 2263-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>WANDA H. TOROK</b>		2. SEX <b>FEMALE</b>	3a. TIME OF DEATH <b>12:50 PM</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>SEPTEMBER 17, 2006</b>	
4. SOCIAL SECURITY NUMBER <b>309-14-9603</b>	5a. AGE—Last Birthday (Years) <b>86</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>AUGUST 25, 1920</b>	
7a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>HOSPICE</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>WILLIAM J. RILEY HOSPICE</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>	9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>ALBERT J. TOROK</b>	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>HOME MAKER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>OWN HOME</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>MUNSTER</b>	13d. STREET AND NUMBER <b>8104 KOOY DRIVE</b>		
13e. ZIP CODE <b>46321</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12th</b>		College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) <b>VINCENT ZOTKIEWICZ</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>JOANNA RADOWSKI</b>			
20a. INFORMANT'S NAME (Type/Print) <b>ALBERT J. TOROK</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8104 KOOY DRIVE, MUNSTER, INDIANA 46321</b>	20c. Relationship <b>HUSBAND</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>SEPTEMBER 21, 2006 HOLY CROSS CEMETERY</b>		21c. LOCATION—City or Town, State <b>CALUMET CITY, ILLINOIS</b>	
22a. EMBALMER'S NAME <b>DEAN G. WAGNER</b>		22b. EMBALMER'S LICENSE NO. <b>8800057</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) <b>100723</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN-PRUZIN FUNERAL HOME FH83002893 7109 CALUMET AVE., HAMMOND, INDIANA 46324</b>		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE: <b>Chorioncarcinoma</b> DUE TO (OR AS A CONSEQUENCE OF): a. <b>Chorioncarcinoma</b> b. <b>Chorioncarcinoma</b> c. <b>Chorioncarcinoma</b> d. <b>Chorioncarcinoma</b> Approximate Interval Between Onset and Death: <b>3 mths</b>					
PART II. Other significant conditions - Conditions contributing to death but not prevailing and in part I		27. WAS DECEDENT PREGNANT OR 90 DAYS PARTURIENT? (Yes or no) <b>NO</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>PEGGY HOLLINGA KATONA LAKE COUNTY AUDITOR</b>			
29c. MEDICAL LICENSE NO. <b>01047569A</b>		29d. DATE SIGNED (Month, Day, Year) <b>SEPTEMBER 19, 2006</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>SMITA RAIKER, M.D. 9038-B COLUMBIA AVE., MUNSTER, INDIANA 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) <b>September 22, 2006</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <b>25800</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			